

Psychosocial Aspects of Risk-Taking Practices of Street Sweepers in the Town of Korhogo

Taiba Germaine Ainyakou¹, Alice Namodé Dosso Epse Binaté², Coulibaly Tcheregnimin Bintou¹

¹Sociology, Social Sciences, Peleforo University GON COULIBALY, Korhogo, Côte d'Ivoire

²Law, Social Sciences, Peleforo University GON COULIBALY, Korhogo, Côte d'Ivoire

Email address:

ainyakou@yahoo.fr (Taiba Germaine Ainyakou), dr.ainyakou@gmail.com (Taiba Germaine Ainyakou), alicebinate@yahoo.fr (Alice Namodé Dosso Epse Binaté), alicebinate2016@gmail.com (Alice Namodé Dosso Epse Binaté), Coulibalybintou550@gmail.com (Coulibaly Tcheregnimin Bintou)

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Abstract: This study focuses on the social logic linked to the psycho-social aspects of the risk-taking practices of street sweepers in the city of Korhogo. To do so, it relied on a qualitative study of a sample of 35 street sweepers and 5 institutional actors. The results of this study showed that the practices of these women expose them to several diseases insofar as they do not use the protective measures recommended to them. Training appears to be overhauled as it is the old ones who train the new ones in the field. Others recognize the consequences of street sweeping, particularly malaria, meningitis and dermatitis, while some are unaware of it. Moreover, their precarious situation keeps them in a relationship of dependence and in the practice of begging. These attitudes expose them to the poor image that users have of them and to low self-esteem. The working hypothesis states that the practices of the sweepers have an impact on their physical health as much as on their psychological and/or mental health. They can lead them to deviate into reprehensible acts such as begging, thting (risks, altercations), and others. According to the victimological theory of R. Cario, 2015, it would be fair for these sanitation workers to see their work recognized and valued. Better working conditions and better treatment alone will help to destroy the negative image that they and others have of them.

Keywords: Risk-Taking, Sweepers, Korhogo, Social Insecurity, Begging

1. Introduction

It was GRO Harlem Brundtland, Chair of the World Commission on Environment and Sustainable Development, who in 1987 defined sustainable development as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Two concepts are inherent in this notion: the concept of needs, and particularly the essential needs of the most disadvantaged, to whom the highest priority should be given; and the idea of the limitations that the state of our techniques and our social organization impose on the environment's capacity to meet current and future needs [1].

Thus, environmental concerns have become the stated global priority in recent decades. Many measures have been taken since then, as stipulated by the MDGs 12 and 13,

defined by the international community¹. The Brundtland report recommended that developing countries follow a different consumption model from that of the industrialized countries, by adopting new policies for the location of industrial enterprises, housing design, transport, the choice of agricultural and industrial techniques, urbanization and even sanitation and the collection of household waste by extension [7]. In the same vein, in its national report on sustainable development in Côte d'Ivoire, with a view to RIO+20, which took place in Brazil in 2012, the Ministry of the Environment and Sustainable Development states that the United Nations has been reflecting on environmental preservation since the early 1970s [16]. They have also passed resolutions on the

¹ 17 Sustainable Development Goals (SDGs) were set out in 2015 to give us a roadmap to a better and more sustainable future for all. The global challenges have been defined in the following areas: poverty, inequality, climate, environmental degradation, prosperity, peace and justice. They are interconnected and their targets must be met by 2030.

need to integrate environmental and social concerns into any growth and development process.

Indeed, in 1972, the United Nations conference on the human environment, known as "Stockholm", consisted of placing ecological issues between industrialized and developing countries. Concerning the link between economic growth, environmental pollution and development, the Conference defined environmental principles and an action programmed to ensure a more sustainable development.

In addition, the Johannesburg Summit (South Africa) in August 2002 adopted an action plan emphasizing poverty eradication, changing unsustainable patterns of consumption and production, and protecting and managing natural resources for economic and social development.

A. Gnanoui [8] is in the same context, in that sustainability of development has become one of the major goals for the entire global community.

This awareness is also evident in the area of health and the environment. Current policy discourses on the issue of waste are strongly influenced by the concept of sustainable environmental management, a new paradigm in the 21st century that takes into account environmental and psychological aspects in the development strategy.

Today, the issue of the environment, and especially that of waste, is a major concern for the world's countries in general, and for Third World countries in particular. In Côte d'Ivoire, the concentrated and very rapid increase in the population and its urbanization leads to a massive production of waste.

In 1975, the urbanization rate was 32.1% in Côte d'Ivoire. In 1999, it reached 45.7%, and forecasts predict that it will rise to at least 55.3% in 2015. This estimate does not take into account population movements during the crisis, with the population of Abidjan doubling from 3 to almost 6 million between 2001 and 2007 [3].

In March 2014, in an interview granted by the regional director of the environment, urban health and sustainable development of the Savannah district to the AIP published on Thursday, April 1, 2014, he announced that there were rubbish trucks for the collection of rubbish, but that the population had difficulty adhering to them. The second meeting with the regional director of the environment on 3 April 2014 gave details of the government's decision to entrust the collection and transport of household waste to two economic operators in the city of Korhogo, the location of our study.

It should be noted that environmental hazards are estimated to be responsible for nearly 28% of the burden of disease in Africa, including diarrhea, respiratory infections and malaria, which together account for 60% of known environmental health impacts in the region. [17].

Today, nearly one in six people worldwide need treatment for at least one NTD (Neglected Tropical Disease), [18] in more than 149 countries and territories, these disabling and deadly diseases weaken and blight the lives of 600 million people WHO, [19]. In the sub-Saharan region in particular, all 47 countries are endemic for at least one neglected tropical disease and all 37 countries (79% of the countries in the region) are co-endemic for at least 5 NTDs. To date, the

total population at risk of contracting an NTD and in need of preventive chemotherapy ranges from about 123 million people for onchocerciasis to nearly 470 million people for lymphatic filariasis [18].

Korhogo is not immune to this situation. The issue of waste is a major problem in the city and is managed by the municipality; thus, to make the living environment healthy and pleasant, the technical department of the town hall has put in place several policies, including the employment of about 100 women to clean the streets. The women selected are trained by the former group leaders and the head of the technical department of the Town Hall of Korhogo. The town hall provides them with work tools and protective measures for street cleaning (gloves, nose covers, wheelbarrows, boots and blouses). They also receive medical care such as vaccinations against typhoid fever and tetanus.

The aim of this study is to show that women sweepers are nevertheless subject to various psychosocial health risks such as meningitis, typhoid fever, diarrhea, etc., but also road accidents and assaults linked to their activity; in addition, they are subject to psychological and/or mental risks resulting from the systematic stigmatization to which they are subjected. They suffer from a poor self-image built up through the experiences of their great vulnerability.

The issue of the environment is as important as the situation of the actors involved in its sanitation management, as they are often vulnerable to the activity itself.

A preliminary study "Health, Safety and Dignity of Sanitation Workers" commissioned by the World Bank, Water Aid, WHO and ILO, shows how sanitation workers are too often invisible and subjected to working conditions that expose them to the worst consequences of poor sanitation, namely disabling infections, injuries, and social stigma in the workplace. The rights of these workers must be recognized and their working conditions progressively improved and formalized in order to protect their health and labor rights and ensure decent working conditions in line with MDG 8" [4].

This other empirical study notes that street sweepers in France are exposed to various health risks as a result of their work, yet these are neglected and not studied in depth [14].

Within the framework of the present study, empirical findings also demonstrate that street sweepers in Korhogo are subject to multiple risks, namely health, psychological (mental) and social risks in their work environment. Indeed, despite the efforts made by the state to prevent the dangers associated with women's street sweeping activities, it is clear that these women expose themselves to these dangers by not using the protective equipment made available to them. They also suffer because of the systematic stigmatization of the population. Consequently, the risks taken by street sweepers in managing the environment raise the following concerns:

What are the social logics linked to the psycho-social aspects of the risk-taking practices of street sweepers in the city of Korhogo?

And what impact does the social stigmatization and marginalization experienced by street sweepers have on the subjects concerned?

Our working hypothesis stipulates that the practices of street sweepers have an impact on their physical health as well as on their psychological and/or mental health. They can lead them to deviate into reprehensible acts such as begging, fighting, and petty theft, leading to low self-esteem.

Thus, the theories of risk, in addition to the theories of victimization, are used to show how the victims of these sanitation actors can themselves be stakeholders, if not actors, in their own suffering.

2. Methodology

This study is part of a qualitative approach and was conducted using tools such as the interview guide. Thus, a semi-directed interview was conducted with the head of the technical department of the town hall and other interviews were conducted with the various group leaders and street sweepers. In total, we conducted 40 semi-structured interviews, including 35 street sweepers and 5 institutional actors.

The data collected was analyzed in the light of sociological theories of risk and according to criminological theories of victimology. According to the sociology of risk, much of the literature on risk distinguishes between danger and risk. Danger refers to some threat to people or things of value to people. Whereas risk is the measure of that threat in terms of the probability of loss associated with the occurring phenomenon and the specific vulnerability of the exposed item. Emerging risk analyses generally do not take into account the reciprocal relationships between impact and social systems. Nor do they take into account the symbolic constructions (images or perceptions) that people develop in their daily lives. Nor do they take into account the social distribution of risk. At most, we consider the risks to human life, health and economic values, but this is too limited a focus and relegates other important and necessary aspects of organized, formalized human existence [15].

Moreover, certain theories on victimization in criminology, reported by R. Cario [6] on which our argument can be based, show clearly how from being victims, these actors of sanitation become themselves actors of their own suffering. Since through many reprehensible actions, in the quest for well-being, they make themselves sicker and more vulnerable at the psychosocial level. Thus, this theory will allow us to understand the impact of the sweepers' risk-taking on their health and their lives. These victimological theories also enshrine the right of victims to recognition and guarantee them, in this sense, that their state as a suffering person is well considered. This is a fundamental ethical posture. Coming from others, recognition establishes the humanity of the victim-subject, of the offender-subject. "The ego awakens by the grace of the you" [2]. According to A. Honneth [10], the structure of social recognition relationships is organized around three characteristics that are part of love (vector of self-confidence), rights (vector of self-respect) and social solidarity (vector of self-esteem). Recognition is thus 'founded in the experience of intersubjectivity, which implies considering the link as more essential than the individual' [9]. In fact, we must understand that society must show its sweepers

that it recognizes them as victims in more than one respect and thus cure them of their poor self-image. Valued as well as their work and finding their place in this social game, they will better integrate the notion of protecting their lives through healthier practices.

3. Results

3.1. What Are the Social Logics Linked to the Psycho-Social Aspects of the Risk-Taking Practices of Street Sweepers in the City of Korhogo

Five sub-headings will be used in this section to explain the factors that explain women's risk-taking attitudes.

3.1.1. Knowledge and Lack of Knowledge of Diseases Related to Street Sweeping

Women street sweepers are present in the streets of Korhogo from 7am. They are generally mothers, divorcees or widows. They invade the streets, equipped with a broom, a shovel, mufflers, boots and blouses, and must make the streets clean and beautiful.

They receive training in street sweeping, which aims to explain and make the women understand how street sweeping is done. In the field, they are divided into groups of 15 people. In practice, the work is done 5 days out of the 7 days of the week for 6 hours a day, i.e. 7 a.m. to 1 p.m. According to the head of the technical department of the Town Hall of Korhogo, with whom we spoke on 24 October 19, the sweepers are clocked in and out daily and are paid monthly.

The sweeping of the street and specifically the non-use of work tools has health and even professional consequences. Given this fact, it is important to explore their knowledge of the illnesses associated with this job.

Two (2) assertions stand out. On the one hand, knowledge related to meningitis in the majority of cases, and on the other, a lack of knowledge of the consequences of not using work tools.

A G2IE manager responded to the question asked:

"Hum, the diseases I know meningitis." (Female sweeper, aged 29).

These words are supported by a female sweeper from the town hall:

"Meningitis; there are several diseases: the dirt we pick up, the blood even from road accidents, it's not in sex only we get AIDS; and we swallow dust" (Female sweeper, team leader aged 44).

The health of these sweepers is at risk, says a group leader:

"Yes, we are often told about that; we can have something, their illness there, I don't know what I'm going to call it, there's meningitis, when you cough there, and they call that: the Dioulas say something 'sogôsogôgbai'² there, people say we can have that too, I don't know if it's true." (Female sweeper, 33 years old).

Another female sweeper from G2IE said:

² To talk about tuberculosis.

"Well often you know, we work under the sun there, when the blood is hot your body hurts, you go to bed at night all your body is hot." (35-year-old female sweeper).

While others claim to know of illnesses related to street sweeping, some say they know nothing about it, a female sweeper from the town hall says this:

"No, I don't know of any illnesses related to sweeping" (Female sweeper, 20 years old).

A sweeper from G2IE adds:

"No um, um I don't know of any illnesses." (Female sweeper, 37 years old).

This analysis reveals that some women know the health risks to which they are exposed. On the other hand, some female sweepers are unaware of the health risks associated with this profession. This ignorance could explain why they do not use the equipment recommended for their protection.

3.1.2. *The Fact of Contracting or Not a Sweeping-Related Illness*

Illnesses related to street sweeping and the non-use of work tools are nevertheless observed among some street sweepers in the city of Korhogo.

A street sweeper from G2IE says she contracted typhoid fever, malaria and fatigue:

"The illness I had I can say that it is typhoid fever that makes me tired and malaria because of the sun." (Female sweeper, 33 years old).

Another female sweeper from G2IE states:

"I often have ulcers, my chest hurts all the way to my back, don't you see? Often I go to the hospital and they give me an injection or put water on it." (Female sweeper, 41 years old).

A team leader of sweepers at the town hall also said:

"I've already had general fatigue." (Female sweeper, 36 years old).

Many women have already contracted an illness related to street sweeping. On the other hand, one sweeper said that she had never contracted an illness, but said that she knew colleagues who had.

The arduousness of the activity (7am to 1pm) and the working conditions (under the sun) can be seen as explanatory factors, but it is also clear that the non-use of protective equipment could be a more relevant explanation for the illnesses that sweepers are often confronted with.

"I haven't had any yet, but there are colleagues who have. The fact of throwing sweepers in there gives you back pain, body pain and then your chest hurts, eh! There's all that in there: at the moment, we've got a woman who hasn't come in for a week because of this same problem." (Woman aged 39).

This analysis reveals the health risks to which sweepers are exposed. But it should be noted that these women are also exposed to social difficulties as a result of their activity. These risks even weaken the quality of life with the family unit. Insofar as it appears difficult and laborious for them to take care of the family properly. The characteristics of the women show this well: these women are in particular widows, separated women. Many single women also find their salvation in sweeping; in order to take care of themselves and

their offspring. It would seem that the importance of this activity for women prevents them from fully understanding the risks to which they are exposed when they do not use protective equipment.

3.1.3. *What About Medical Care for Sweepers*

Medical care is important in a job, especially street sweeping, as sweeping is an activity that is subject to the sun, rain and dust, to which must be added traffic accidents, assaults, fights and so on.

Thus, in the presence of the sweepers of the town hall, the head of the technical department said that the sweepers receive vaccinations:

"Normally, they have the vaccinations at the beginning, there is a contract, the insurance as well..." (Town Hall technical Manager).

Many of the respondents said that they only received vaccines during free mass vaccination campaigns. Some others maintain that they have no insurance and take care of themselves in case of illness. A sweeper from the town hall had this to say about it:

"It's when people get vaccinations in the schools there, in Soba. That's when they call us, otherwise we don't have vaccines at the Town Hall" (Female sweepers, 46).

On the other hand, a female sweeper from the town hall says that she treats herself as follows:

"No, since 2015 um... if they come back to find us to say that we want to get gift vaccines, that's when we take advantage of it at the same time, or when you take your salary you go to see a doctor, and then as you go along and he explains your case to you, then you take your injection at your own expense" (Female sweeper, 41).

Also, a respondent from G2IE said that she had never received medical care:

"I have never received any medication." (Female sweeper, 30 years old).

This female sweeper from the Town Hall adds:

"Well, we have never had any medical care it's been 3 years I've been working here." (Female sweeper, 33 years old).

From these verbatim, it is clear that sweepers only receive vaccinations if there is a free mass vaccination campaign. For those who need medical care, they do so by their own financial means. Thus, it must be said that the vast majority of women have only received one vaccine in 3 or 5 years of work. In the end, it appears that the women sweepers do not receive medical care, either from the town hall or from G2IE. This state of affairs is seriously detrimental to their physical, mental and even social health (social burden).

These women find themselves overwhelmed by the social burdens of their households; they also resort to begging and other forms of behavior in order to be pitied and receive donations or alms in the street. It would seem that the non-use of appropriate equipment is intended to expose the company that employs them to the public. Justifications given in particular by the employees of G2IE. They also claim to have outstanding salaries, unlike those employed by the Town Hall.

3.1.4. Street Sweepers' Relationship to Protective Measures During Sweeping

The majority of the women said that they did not wear a muffler while sweeping at home. This state of affairs constitutes a discomfort. Faced with dust, their practice is to sprinkle water in the courtyard of the house to reduce the dust. This is evident in the words of a G2IE sweeper:

"No I don't wear a muffler when sweeping at home." (Female sweeper, 28).

Another sweeper from the town hall:

"No I don't wear the muffler when I sweep at home, I pour water." (Female sweeper, 34 years old).

For some of them, sprinkling water on the area to be swept limits the wearing of mufflers. According to them, this practice helps to avoid illnesses. To this end, another from the town hall said:

"I'm tired of wearing a mask; my place is not dirty, there's a fence, I pour a little water". (Female sweeper, 33 years old).

A team leader mentions this:

"I don't wear a scarf, I can't breathe with it on, so I take my scarf and it closes my nose" (Female sweeper, 27 years old).

Such negligence could be explained by ignorance, certainly due to a lack of education, since many of the women sweepers, i.e. 29 out of the 35 interviewed, have little or no education because they have not finished primary school and/or have dropped out of school. Even though some rare profiles were noted: one student out of the 35, showing that some women or girls, although educated, accept sweeping because they come from very disadvantaged backgrounds.

On the other hand, there are some who say that they wear a nose cover at home to sweep, especially since the arrival of the corona virus disease:

"Since the corona virus came, we wear a nose cover to sweep even at home" (Female sweeper, 29 years old).

A female sweeper from G2IE also adds:

"Um, but here is my nose cover when I wake up I wear then I sweep." (Female sweeper, 40 years old).

Indeed, sweeping their homes without these measures has created a way of doing things for the majority. Others find it difficult to use them, although these tools contribute to their well-being. This exposes them to illness and makes them psychologically and even mentally fragile.

3.1.5. Relationship Between Sweepers Through Protective Measures

The use of protective measures during sweeping appears to be a constraint for some street sweepers insofar as the principle of those in charge is that these measures be respected. The head of the technical department of the Town Hall said:

"They do not use of their own free will" (Head of the technical department of the town hall).

A sweeper from the Town Hall adds:

"If one is not wearing a muffler or something else, she is told to wear it, otherwise if the boss comes and finds that you haven't worn it, he doesn't speak right away, arriving at the Town Hall, he'll say, I saw the group there working without a muffler, automatically it spoils the group's name and we have

problems. (36-year-old female sweeper).

For others, it is not a constraint because the mufflers and boots affect their well-being. This is justified by the words of a G2IE group leader:

"If you see the nose cover there, there is none that suffocates; me like that, I can't stand it all day" (Female sweeper aged 39).

A female sweeper from the Town Hall supports:

"The bosses talk, they say the dust there is not good for us, but when I wear there I can't breathe, but when I see the bosses coming to avoid discussions I put on but when they leave I take off." (Female sweeper, 42 years old).

Through these verbatim statements by the actors, it emerges that the protective measures affect the well-being of some women sweepers, although not using them exposes them to illnesses, especially respiratory illnesses, and to loss of employment.

This analysis reveals that sweeping involves appropriate work tools and their proper use. However, these work tools are little used for various reasons already mentioned. However, this constitutes a risk to their health, despite the insistence of departmental managers and colleagues.

Some of the other effects of the logics mentioned are psychological and/or mental, and are more likely to damage the self-esteem of sweepers and the image that people have of them.

3.2. What Impact Do the Social Stigmatization and Marginalization Experienced by Street Sweepers Have on the Subjects Concerned

3.2.1. The Psychological and/or Mental Impact of the Risk-Taking Practices of Street Sweepers: Low Self-Esteem

The possibility of contracting a psychosomatic illness linked to the decadent state of mind of the workers is commonplace in this study. Indeed, the work is demeaning, not well paid and hard. They live from this activity and cannot imagine losing this work. The decadent state of mind can have an impact on the body and cause various physical illnesses known as psychosomatics.

3.2.2. The Psychological and/or Mental Impact of the Risk-Taking Practices of Street Sweepers: A Pejorative Image Maintained by the Society

Street sweepers in their work environment are scratched, mocked, insulted, disrespected and vilified. They are subject to various stigmatizations (accused of being thieves, unclean, simply because they do a menial job. It must not be easy to think that neither the spouse, the children, nor even the family will ever be proud enough of the work they do.

"There is no more room at the market, there is nothing to sell, I feed my children with this money, what I manage to do for myself, my family and the care, I can't mean it" (Female sweeper, 40 years old).

Another woman said: "In my house, I think it's a job because there are no other activities; otherwise, to be honest, what we're doing here, when we think of the dust, is sad. We

sweep often, there's no muffler. In the long run, it can lead to other illnesses. (Female sweeper, Town Hall, aged 46).

A 39-year-old female sweeper explained: "The bosses send you to work in the middle of the tarmac with the traffic cones to be able to sweep. While we are working, people insult us: idiots, batramôgô, and add you don't respect yourself... if they kill you it's a gift..."

Nobody seems to realize that their work is very important for the community and its well-being. Their fate seems to make them sad and unhappy, making them victims of the system. Even if their attitudes make them themselves participants in what they suffer.

It is clear from these analyses that the health risk-taking of street sweepers is explained by their habits and social characteristics.

Precariousness makes them vulnerable and exposes them to begging and other behaviors that lead others to put them down.

4. Discussion

Decision theory attempts to identify and link certain parameters of behavioral choices, which are based on general trends considered to be "determining". From the outset, decisions have been analyzed in terms of risk-taking. Thus, the study shows that street sweeping is carried out on asphalt roads and very often all along the city of Korhogo. From a physical point of view, this activity generates general fatigue and then health risks; this is the same direction as the study by M. Béguin [5], which states that the arduousness of the work has an impact on the health of the sweepers and refuse collectors. M. Béguin [5], states in his study that the more intense the physical activity of refuse collectors and sweepers on certain rounds, the more the sweepers walk the city. In the study conducted in the city of Korhogo, it emerged that the sweepers in the city of Korhogo are exposed to road hazards, such as motorbike accidents, car accidents and others. A. Koffi [12] indicated that in addition to accidents, it is dust-related illnesses that frighten street sweepers in the city of Lomé; contrary to the study conducted on street sweepers in the city of Korhogo, a good number of women are unaware of the illnesses that they can contract as a result of sweeping the streets when they do not use protective measures. Some sweepers are aware of the health risk and protect themselves during street and house sweeping, as they know that they can contract environmental diseases if they do not protect themselves. Most of the women who do not protect themselves during street sweeping in our study, reveals that this is because they do not use protective measures during sweeping at home. In the study by S. Kahofi [11], he states that women sweepers in the city of Abidjan buy the work materials themselves. He also states that these women spend an average of 500 francs per week to buy two brooms, which are essential to their activity, and are required to replace the 1000-franc buckets for collection when the need arises. Unlike in Korhogo, the sweepers receive working materials, but they are not adequate and difficult to use, according to the sweepers. In fact, they are

given brushes to sweep the street, but given the difficulties associated with its use, they buy another type of brush themselves to accomplish their tasks.

In the study conducted in Korhogo, it was found that the street sweepers of the private company G2IE do not receive their salaries regularly. These findings are similar to those of J. K. Kouamé [13], who states that ASH sweepers are deprived of their salaries for months at a time, so these women resort to begging to support themselves. This begging also appears to be a means of making demands. Unlike those of ASH in Abidjan and G2IE in Korhogo, the street sweepers of the Town Hall of Korhogo are paid regularly.

According to A. Koffi [12] in his article, he notes that the women street sweepers in Lomé have medical care, while those in Korhogo say they do not. Also, he denounces in the same article that the women sweepers are insulted in Lomé during their work. This reality is also observed in Korhogo. Indeed, during our study, it was revealed that the sweepers are also insulted in the streets of Korhogo, sometimes even leading to fights.

5. Conclusion

At the end of our study on the social logic linked to the psycho-social aspects of the risk-taking practices of street sweepers in the city of Korhogo, we can say that risk-taking is characterized by their habits and social characteristics.

This study was carried out using a qualitative approach. It was based on 35 street sweepers and 5 institutional actors, using an interview guide. In addition, two theories were mobilized to account for the social reality described: the sociology of risk and the victimological theory in criminology. From this methodological tool, the results are presented according to two (2) main concerns about the social logic that leads street sweepers to expose themselves to the various health, social and/or psychological risks observed.

However, the influence of risk-taking on their social life is situated at several levels. At the health level, it should be noted that the systematic non-use of work tools exposes them to illness. In case of illness, they are replaced and then no longer receive their salary, as they are not hired (under contract). Therefore, they also do not benefit from medical care. From a social point of view, the long time spent at work can cause misunderstandings with mothers-in-law or spouses for those who are married. From the perspective of social categories such as widows, separated, and single, and for those who are not married with a child. The time spent at work is no longer a hindrance to their family ties, as sweepers provide support to the family. In addition, women sweepers face dangers such as road accidents and insults from road users. The women themselves therefore recommend raising awareness among the population. In addition, based on the theories used, these various recommendations are required: better treatment, better accompaniment and follow-up of these women; improved medical follow-up and continuous training. Awareness-raising among the women and men to adopt better working

practices in order to avoid the consequences observed.

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